

# MACOMB CIRCUIT COURT ADR MEDIATOR APPLICATION

## Part I. General Information

☐ New application ☐ Renewal

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State and Zip Code \_\_\_\_\_

( ) \_\_\_\_\_

Fax

( ) \_\_\_\_\_

Work Telephone

( ) \_\_\_\_\_

Cell Phone

E Mail Address: \_\_\_\_\_

## Part II. Complete only if applying to be a Civil Mediator pursuant to MCR 2.411

- A. I completed a SCAO approved civil mediator training on \_\_\_\_\_.  
(attach a certificate of completion of training).
- B. I also meet one of the following requirements:
1. ☐ I am an attorney in good standing (P# : \_\_\_\_\_); or,
  2. ☐ I have a graduate degree in conflict resolution (provide evidence of a degree); or,
  3. ☐ I have 40 hours of mediation, co-mediation, observation, and role-playing experience in the two years prior to this application. (Detail your qualifying experience on a separate page or pages and attach any available verification, if seeking to qualify under this paragraph).
- C. ☐ I meet the requirements that I observe two general civil mediation proceedings conducted by an approved mediator and conduct one general civil mediation to conclusion under the supervision of an approved mediator. Attach verifying documentation.

## Part III. Complete only if applying to be a Domestic Relations Mediator pursuant to MCR 3.216

- A. I meet at least one of the following criteria:
1. I am ☐ a licensed attorney (P# : \_\_\_\_\_); ☐ a licensed or limited licensed psychologist; ☐ a licensed professional counselor; or, ☐ a licensed marriage and family therapist (provide proof of licensure); or,

2. ☐ I have a masters degree in counseling, ☐ social work, or ☐ marriage and family therapy (provide evidence of masters degree); or,
3. ☐ I have a graduate degree in a behavioral science (provide evidence of graduate degree); or,
4. ☐ I have 5 years experience in family counseling (provide evidence of 5 years of family counseling (attach separate sheet(s)).

B. I completed a SCAO approved domestic relations mediator training on \_\_\_\_\_.  
(attach a certificate of completion of training).

C. ☐ I meet the requirements that I observe two domestic relations mediation proceedings conducted by an approved mediator and conduct one domestic relations mediation to conclusion under the supervision of an approved mediator. Attach verifying documentation.

D. ☐ I am willing to provide evaluative mediation pursuant to MCR 3.216(F)(1)(b).

**All Applicants:**

- ☐ If your mediation training was completed more than 2 years prior to this application, attach verification that you have completed at least 8 hours of advanced mediation training in the past two years.

**Part IV.** Anyone seeking to qualify through specialized experience under MCR 2.411(F)(3) or MCR 3.216(G)(2) must consult the Training Standards promulgated by the State Court Administrative Office and present evidence that they meet the criteria provided by the State Court Administrative Office.

**Part V. Hourly Rate** pursuant to MCR 2.411(E)(1)(b) and/or MCR 3.216(F)(1)(b): \_\_\_\_\_

I certify that I meet the requirements for service under the court rules, State Court Administrative Office training criteria and the Macomb County Circuit Court's ADR plan and that I will not discriminate against parties, attorneys, or other mediators on the basis of race, ethnic origin, gender, or other protected personal characteristic.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**Return this application to:**

**Macomb County Circuit Court  
Court Administration  
Attn: ADR/Case Evaluation Clerk  
40 N. Main  
Mt. Clemens, MI 48043**

## GENDER/RACE/ETHNICITY INFORMATION - OPTIONAL

In order to evaluate our efforts to provide bias free mediators and diversity, we ask you to voluntarily identify your gender/race/ethnicity. This information will be maintained separately from the other pages of the application.

\_\_\_\_\_  
Name (First, Middle initial, last. Print or write legibly)

P# \_\_\_\_\_  
Bar No. (if applicable)

**Please check the appropriate boxes:**

### Gender

- ☐ Male
- ☐ Female

### Race/Ethnicity

- ☐ American Indian or Alaskan Native
- ☐ Asian or Pacific Islander
- ☐ Black/African American (non-Hispanic)
- ☐ Caucasian
- ☐ White/Caucasian (non-Hispanic)
- ☐ Other \_\_\_\_\_  
Please specify